Integrated Journal for Research in Arts and Humanities
ISSN (Online): 2583-1712
Volume-5 Issue-3 || May 2025 || PP. 304-314 https://doi.org/10.55544/ijrah.5.3.37

Six-Year Trends in LGBTQ+ Youth Mental Health in the United States

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www.ijrah.com || Vol. 5 No. 3 (2025): May Issue

Date of Submission: 20-05-2025	**Date of Acceptance:** 26-05-2025	**Date of Publication:** 31-05-2025

ABSTRACT

This paper presents a comprehensive analysis of trends in LGBTQ+ youth mental health from 2019 through 2024, drawing on data from The Trevor Project's annual national surveys. We examine five consistently measured indicators across six years of survey data including: suicidal ideation and attempts, discrimination due to SOGI (sexual orientation and gender identity), physical threats and harm exposure, and conversion therapy exposure and threats. Suicidal thoughts among LGBTQ+ youth rose to a significant peak before easing, while actual attempts showed a steady decline, especially among adolescents, yet younger teens remained disproportionately vulnerable throughout. Over the same period, discrimination remained persistently widespread, while reports of physical violence swung sharply but ended higher than at the outset, and exposure to conversion therapy spiked briefly during the pandemic era before settling back to its earlier yet still troubling level, highlighting the significant risks young LGBTQ+ youth and young adults face. The findings highlight continuing disparities, alongside small improvements in some areas. In conclusion, we summarize key insights and recommend actions to bolster mental health support, reduce stigma and victimization, and expand affirming resources for LGBTQ+ youth.

Keywords- LGBTQ, LGBTQ youth, suicide, gender identity.

I. INTRODUCTION

As the number of LGBTQ+ teens in America surges, so does a brutal truth: we're witnessing a growing youth mental health crisis, and most of the country still chooses to look away. The current U.S. administration has proposed reducing financial support for LGBTQ+ crisis focused programs (Chatterjee, 2025). At the same time, rates of U.S. adults and youth identifying as LGBTQ+ is rising. As of 2024, it's reported that 9.3% of U.S. adults identify as lesbian, gay, bisexual, transgender, or another non-heterosexual identity (Jones, 2025). However, best estimates suggest that between 7-9% of youth identify as LGBTQ+, with Williams Institute reporting that as of 2020 an estimated 9.5% of U.S. youth aged 13–17 identifying as lesbian, gay, bisexual, transgender, or another non-heterosexual identity. The mental health of lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority youth (LGBTQ+ youth) has been a growing public health concern (Conron, 2022). Historically, research has often overlooked these populations, leading to gaps in understanding about their specific problems and needs. The Trevor Project, a leading non-profit focused on crisis intervention and suicide prevention for LGBTQ+ young people, has conducted annual cross-sectional surveys of LGBTQ youth mental health since 2019. These national surveys, the first and largest of their kind, provide critical insights into the experiences and well-being of LGBTQ+ youth and young adults ages 13 to 24

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across the United States. Each year's survey samples tens of thousands of LGBTQ+ young people, making it possible to track key mental health indicators and stressors over time. For example, the inaugural 2019 survey had a final analytic sample of 25,896 LGBTQ youth respondents, and subsequent surveys have continued to engage large nationwide samples (e.g.,18,663 in 2024). These surveys are conducted online, with participants recruited via targeted ads on social media, and include respondents from all 50 states.

These series of surveys are monumental because they provide previously unobtained data on factors affecting LGBTQ+ youth and young adults and the disparities they face including stigma, discrimination, access to care, and affirming support. Limited prior research has established that LGBTQ youth face higher risks of depression, anxiety, and suicidal behavior compared to their heterosexual, cisgender peers, largely due to social stressors such as bullying, rejection, and victimization (Almeida et al., 2009). However, the lack of generalizability in previous research has been a major limitation. The Trevor Project's reports provide comprehensive national data, providing important data that fills the gap in the existing research landscape. These reports provide up-to-date data and highlight both risk factors (e.g. suicidal ideation, experiences of discrimination) and protective factors (e.g. acceptance by family, supportive school environments) specific to LGBTQ+ youth. By consistently collecting data on core indicators each year, these surveys allow for analysis of trends and changes over the period from 2019 through 2024, a time span that included major events likely to influence youth mental health (including the COVID-19 pandemic and recent surge in anti-LGBTQ legislation in many states).

This paper analyzes the trends in LGBTQ+ youth mental health across the six annual surveys (2019, 2020, 2021, 2022, 2023, 2024) with a focus on five key domains measured in all reports: Suicidality, including the prevalence of LGBTQ+ youth who were (1) Seriously considered suicide; and (2) Attempted suicide; (3) Discriminated against due to SOGI (Sexual Orientation and Gender Identity); (4) Physically threatened or harmed; and (5) Threatened with or exposed to conversion therapy. These domains were selected for analysis based on their standardized reporting methodologies and year-over-year comparability, providing reliable longitudinal assessments. By examining these domains, we aim to identify patterns and shifts over time, noting where the situation has improved, worsened, or remained consistent. We also provide discussion behind these trends and discuss their implications. In doing so, this analysis draws upon The Trevor Project's annual published reports, contextualizing these findings within the larger framework of suicide prevention and mental health initiatives for LGBTQ+ youth.

II. METHODOLOGY

Data Sources

Data came from the Trevor Project's national surveys (TPNS) on LGBTQ+ youth mental health for six years including 2019, 2020, 2021, 2022, 2023, and 2024. It is important to note that the survey datasets commences approximately during the peak of the COVID-19 pandemic, potentially introducing statistical anomalies in the initial measurements. Pre-pandemic comparative data is unavailable for baseline reference. Each of these surveys were conducted by The Trevor Project with LGBTQ+ youth respondents aged 13–24 from across the United States. The survey instruments each year were administered via an online questionnaire, with 2019 serving as the inaugural baseline dataset. Respondents were included if they identified with a sexual orientation other than heterosexual and/or a gender identity other than cisgender. While each annual survey was a separate cross-sectional sample (i.e., not following the same individuals over time), the questionnaires covered many of the same topics, enabling year-to-year comparisons on key metrics. Each survey had institutional review board approval. More information about the survey methodology is available elsewhere. We prioritized indicators that were defined consistently across all six reports.

We analyzed data from 2019 to 2024. The 2019 Trevor Project National Survey (TPNS) was conducted between February 2 and September 30, 2018. The 2020 TPNS was fielded from December 2, 2019 to March 31, 2020; the 2021 survey from October 12 to December 31, 2020; the 2022 survey from September 20 to December 31, 2021; the 2023 survey from September 1 to December 12, 2022; and the 2024 TPNS from September 13 to December 16, 2023. Respondents included LGBTQ+ individuals ages 13 to 24 who resided in the United States. Respondents were screened, and those who failed validity checks, reported being dishonest in their responses, or were flagged as mischievous based on written answers were excluded. Additionally, young people who did not reach the midpoint of the surveys were also removed. The combined adjusted TPNS sample size for 2019 to 2024 included 181,836 individuals with an annual range: 18,663-40,001 (The Trevor Project, 2019-2024).

Measures

Guided by the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey (YRBS), we considered a diverse set of measures related to youth mental health and risk collected by the Trevor Project National Surveys. Specifically, we examined suicide risk and attempts, discrimination, conversation therapy, and physical harm. To analyze trends, we extracted from each year's published report the statistics for five primary indicators: (a) the percentage of LGBTQ+ youth who seriously considered attempting suicide in the past

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12 months; (b) the percentage of LGBTQ+ youth who attempted suicide in the past 12 months; (c) the percentage of LGBTQ+ youth reporting discrimination due to SOGI (Sexual Orientation and Gender Identity); (d) the percentage of LGBTQ+ youth reporting being physically threatened or harmed due to SOGI (Sexual Orientation and Gender Identity); and (e) the percentage of LGBTQ+ youth reported being threatened with or subjected to conversion therapy. These data points were extracted as percentages and compiled into a comparative table and timeline to facilitate identification of patterns. We cross-verified values between the narrative text and any summary charts or figures in the reports to ensure accuracy.

Analysis

We present dual perspectives: a numerical tracking of indicator trends across periods, alongside thoughtful examination of significant shifts and persistent patterns in the data. Where possible, we computed the changes in percentage points from year to year (for instance, the change in reported suicidal ideation from 2019 to 2024) and noted any apparent peaks or troughs in the data. We also examined disaggregated findings within each survey when possible (for example, differences by age) to contextualize overall trends. However, in keeping with our focus on consistently measured indicators, our trend analysis emphasizes overall rates for the LGBTQ+ youth population each year rather than subgroup-specific trends (except where subgroup differences themselves remained very consistent, such as the elevated risk observed among transgender and nonbinary youth each year).

It is important to note that because the data come from repeated cross-sectional surveys (with varying respondents each year), observed trends represent changes in the overall surveyed population, which could result from actual shifts in underlying phenomena or from differences in sample composition or methodology year-to-year. The Trevor Project did maintain similar methodology across the surveys, for example, all were online surveys advertised to LGBTQ+ youth nationwide and conducted anonymously, with sample sizes generally in the tens of thousands, but there were some differences (e.g. the 2024 survey had about 18,000 respondents, whereas earlier years had over 25,000–30,000). We assume for this analysis that year-to-year differences in the measured indicators largely reflect real changes in the experiences and self-reports of LGBTQ+ youth rather than methodological artifacts. Where relevant, we comment on external factors (such as the COVID-19 pandemic or sociopolitical climate) that may have influenced the trends.

All data used were aggregate, de-identified, and drawn from publicly available research reports by The Trevor Project. In-text, we cite specific statistics directly from these reports using APA-style references, and we provide a References section listing each annual report. The analysis was conducted by comparing reported percentages and translating the findings into narrative form, supplemented by visualizations (e.g., a trend line graph) to illustrate the changes over time. No new data was collected, and no human subjects were directly involved by the authors, as this study relies exclusively on secondary data from published sources. As such, IRB review was neither required nor sought.

III. KEY OBSERVATIONS

Suicidal Ideation

One of the most concerning findings of The Trevor Project's surveys each year is the high level of suicidal ideation and attempts reported by LGBTQ+ youth nationwide. Data analysis reveals that a significant percentage of LGBTQ+ youth reported having serious suicidal ideation within the previous twelve months, consistently across surveys. Across the six survey waves (2019-2024), the share of LGBTQ+ respondents reporting serious suicidal ideation climbed steadily, peaking in 2022, and then receded modestly. Among youth aged 13-17, prevalence rose from 47% in 2019 to a high of 50% in 2022 before easing to 46% in both 2023 and 2024. A comparable pattern appeared for the 18-24 cohort, increasing from 31% in 2019 to a peak of 37% in 2022, then declining to 34% in 2023 and 33% in 2024 (The Trevor Project, 2019-2024). Throughout the series, younger adolescents consistently exhibited markedly higher ideation, averaging roughly 14 percentage points above their older peers, illustrating disproportionate risk in early adolescence for LGBTQ+ youth. These rates are markedly higher than those documented among non-LGBTQ+ youth populations according to data from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, 2025).

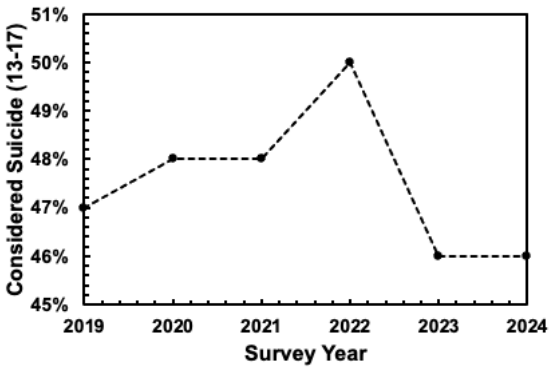

Figure 1: Suicidal Ideation LGBTQ+ youth 13-17

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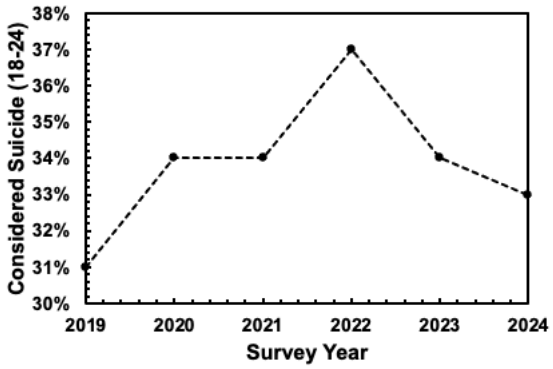

Figure 2: Suicidal Ideation LGBTQ+ youth 18-24

Suicide Attempts

Beyond suicidal ideation, LGBTQ+ youth across the nation also report elevated rates of actual suicide attempts compared to their non-LGBTQ+ peers, reaching levels approximately four times greater than the general adolescent population (Wang et al., 2021). However, amid these troubling statistics, recent survey data suggests a potentially encouraging shift. The survey series, beginning at the onset of the COVID-19 pandemic, revealed both adolescent (13-17 years) and young adult (18-24 years) LGBTQ+ populations exhibited notable rates of suicide attempts. Across the six survey waves (2019-2024), reported suicide-attempt prevalence among LGBTQ adolescents (13-17 years) showed a sustained downward trajectory. Rates fell from a peak of 26% in 2019 to 16% in 2024, an absolute decline of 10 percentage points (≈ 38% relative reduction), with incremental year-over-year decreases of roughly two points on average. Young adults (18-24 years) displayed a similar but more attenuated pattern. Attempt prevalence dropped from 11% in 2019 to a low of 8% in 2022, ticked upward to 9% in 2023, and returned to 8% in 2024, yielding a net 3-point (≈ 27% relative) reduction over the study period (The Trevor Project, 2019-2024). At every time-point in the series, adolescents remained at significantly higher risk, averaging 10.5% above their older peers. These trends show significant changes with a marked decline in suicide attempts among adolescents and a steadier but less prominent decline among young adults.

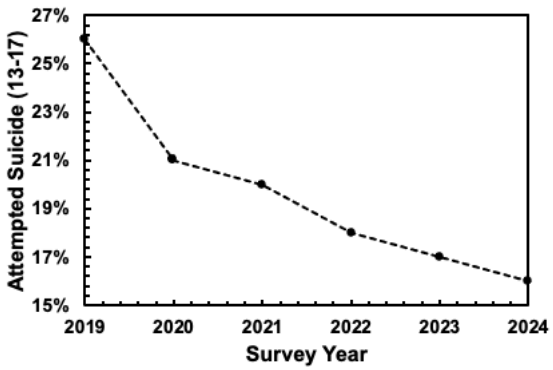

Figure 3: Suicide Attempts LGBTQ+ youth 13-17

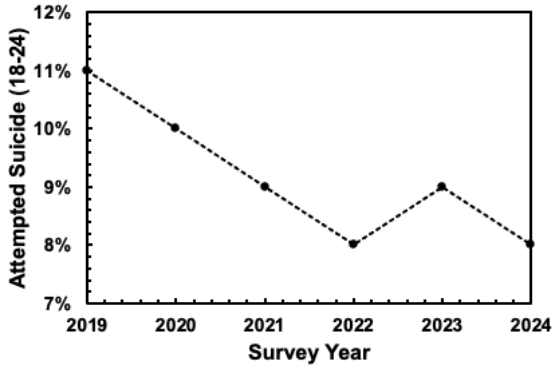

Figure 4: Suicide Attempts LGBTQ+ youth 18-24

Discrimination due to SOGI

Despite legislative advances in recent decades, discrimination based on sexual orientation and gender identity (SOGI) remains a challenge that significantly impacts the psychological well-being and socioeconomic outcomes of LGBTQ+ individuals. Across the six survey waves (2019-2024), discrimination based on sexual orientation or gender identity (SOGI) fluctuated considerably but never fell below 60%. An initial decline from 71% in 2019 to 60% in 2020 was followed by an abrupt surge to a six-year high of 75% in 2021 and a nearly as elevated 73% in 2022. Rates then receded, stabilizing at 60% in both 2023 and 2024 (The Trevor Project, 2019-2024). The fifteen-point increase from 2020 to 2021 likely stems from the survey's shift in reporting term rather than a real surge in victimization. While the core measure of discrimination based on sexual orientation or gender identity (SOGI) is consistently reported across all years, the terminology and reference period vary: 2019 and 2020 report lifetime experiences, 2021 includes both lifetime and past-year measures, and 2022 through 2024 report past-year discrimination only. Regardless of the reference window, the discrimination measure consistently shows that well over half of LGBTQ+ youth encounter SOGI-based prejudice, with discrimination remaining pervasive and entrenched.

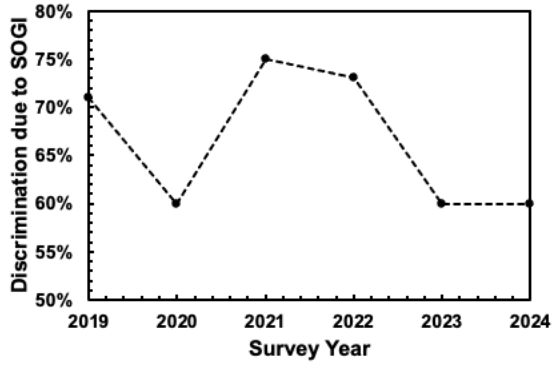

Figure 5: SOGI Discrimination LGBTQ+ youth 13-24

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Physical threats and harm

Beyond discrimination, LGBTQ+ youth and young adults face additional challenges, with a substantial proportion experiencing direct physical intimidation and violence that further compromises their safety and well-being. Across the six survey waves (2019-2024), LGBTQ+ youth and young adults reported experiencing physical threats and harm. During the reported period, reported experiences of physical violence among LGBTQ youth and young adults fluctuated significantly. In 2019, 20% reported such experiences, but this figure jumped dramatically to 33% in 2020. After a sharp drop to 19% in 2021, the rate surged again to a six-year high of 36% in 2022. Though this peak was followed by a decline, reported violence remained elevated at 24% in 2023 and 23% in 2024, both higher than the initial 2019 rate (The Trevor Project, 2019-2024). Throughout the entire period, at least one in five youth faced physical threats.

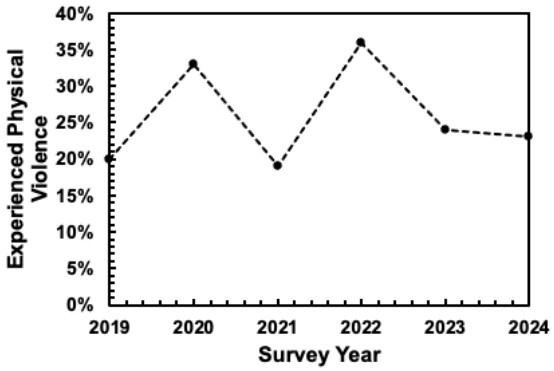

Figure 6: Physical Threats and Harm to LGBTQ+ youth 13-24

Conversion therapy exposure and threats

Discrimination is not the only challenge LGBTQ+ youth face with many youth and young adults threatened or exposed to conversion therapy with significant consequences. Across the six survey waves, reported exposure to conversion therapy showed a sharp increase in 2020 and 2021 before settling back to its original level. The share of LGBTQ+ youth subjected to conversion efforts doubled from 5% in 2019 to 10 percent in 2020, then peaked at 13% in 2021, more than twice the baseline rate from 2019. By 2022, the rate fell sharply to 6% and then stabilized at 5% in both 2023 and 2024 (The Trevor Project, 2019-2024). These trends show that while exposure rates have returned to pre-pandemic levels, thousands of vulnerable youth and young adults are still subjected to practices widely condemned by major medical and mental health organizations.

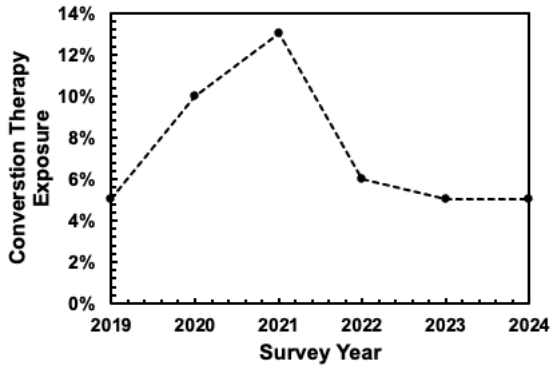

Figure 6: Subject to Conversion Therapy LGBTQ+ youth 13-24

Table 1: Unadjusted Prevalence for LGBTQ+ Youth, 2019-2024

Table 1: Unadjusted Prevalence for LGBTQ Youth, 2019-2024						
Suicidal Ideation	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
LGBTQ+ Youth 13-17	47%	48%	48%	50%	46%	46%
LGBTQ+ Youth 18-24	31%	34%	34%	37%	34%	33%
Suicide Attempts	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
LGBTQ+ Youth 13-17	26%	21%	20%	17%	17%	16%
LGBTQ+ Youth 18-24	11%	10%	9%	8%	9%	8%
Experienced Discrimination Due to SOGI	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
LGBTQ + Youth 13-24	71%	60%	75%	73%	60%	60%
Subject to Conversion Therapy	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
LGBTQ + Youth 13-24	5%	10%	13%	6%	5%	5%
Experienced Physical Threats	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
LGBTQ + Youth 13-24	20%	33%	19%	36%	24%	23%

IV. DISCUSSION

Information about LGBTQ+ mental-health indicators is needed to guide future research direction, identify emerging trends, enhance clinical care and policy decision making. This analysis provides an opportunity to evaluate the Trevor Project National Survey series (2019-2024) and provide the first comprehensive longitudinal examination of trends and patterns across this multi-year dataset. The includes the first opportunity to use the TPNS to document and investigate the potential effects of the COVID-19 pandemic, increasing anti-LGBTQ+ legislation, and additional factors that may be impacting these areas.

Suicidal Ideation

The prevalence of serious suicidal ideation among LGBTQ+ youth remained alarmingly high from 2019 through 2024, with notable fluctuations over time. Across The Trevor Project's annual surveys, roughly 4 in 10 LGBTQ+ youth each year reported having seriously considered suicide in the past 12 months. This proportion climbed in the early 2020s, peaking in 2022 (The Trevor Project, 2019-2024). Notably, younger teens consistently exhibited higher suicidal ideation rates, roughly 14 percentage points above their 18–24 year old peers on average showing that early-to-mid adolescents face the greatest risk. These figures are substantially higher than those for youth in general; for instance, in 2023 only about 13% of heterosexual high school students seriously considered suicide, compared to

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roughly 46% for LGBTQ+ youth (Brener et al., 2024). This suggests LGBTQ+ youth face disproportionate mental health burden compared to their youth in general. Several factors may be relevant to the observed trends in suicidal ideation. The COVID-19 pandemic's onset in 2020 coincided with an uptick in mental health challenges for many adolescents, and LGBTQ+ youth were particularly affected with unsupportive home environments and isolation from affirming peers and resources. (Fish et al., 2020; Hawke et al., 2021). In addition, sociopolitical stressors escalated during this period. The early 2020s also saw a spike in anti-LGBTQ+ rhetoric and legislation in many states (Ronan, 2021). This coincides with the highest recorded ideation rates (2022) occurring amid an onslaught of sociopolitical stressors. Research also supports this link, showing that in states enacting anti-trans laws, transgender and nonbinary youth experienced significantly higher rates of suicidal ideation and attempts (Lee et al., 2024). The confluence of a global pandemic and a fraught sociopolitical landscape likely fueled by feelings of fear, loneliness, and hopelessness among LGBTQ+ youth, contributed to the elevated suicidality and peak in the middle of the six-year span. 2023 and 2024 saw a slight decrease in suicidal ideation rates which may be related to increased telehealth access, return to in-person schooling, and enactment of the 988 Suicide & Crisis Lifeline in 2022. Nevertheless, it must be emphasized that nearly half of LGBTQ+ adolescents considering suicide each year is still an epidemic level of risk and requires a sustained, multi-pronged approach.

Suicide Attempts

Although significantly higher than their non-LGBTQ+ peers, in contrast to suicidal ideation, self-reported suicide attempts showed a significant downward trend among LGBTQ+ youth over the 2019–2024 period. In 2019, approximately 26% of LGBTQ+ youth ages 13–17 reported a suicide attempt in the prior 12 months; by 2024 this figure had fallen to 16%. This represents an absolute drop of 10 percentage points (a ~38% relative reduction), with incremental declines observed almost every year. LGBTQ+ young adults (18–24) showed a similar if more modest improvement: attempt rates were 11% in 2019, declining to 8% by 2024 (a ~27% relative reduction). At every time point, adolescents had substantially higher attempt rates than their older peers (The Trevor Project, 2019-2024). LGBTQ+ teenagers in mid-adolescence remained especially acute vulnerability to attempting suicide. Even with the improvements, the 2024 survey still found roughly 1 in 8 LGBTQ+ youth and young adults had attempted suicide in the past year.

The encouraging decline in suicide attempts may be attributable to several factors. One likely contributor is the expansion of mental health support and prevention efforts during this period. The pandemic era prompted teletherapy and telepsychiatry becoming widely available, lowering barriers for youth to receive counseling irrespective of location (Chaiton et al., 2023). LGBTQ+ youth, particularly rural populations could now connect to queer-competent therapists or support groups online addressing crises before they escalated to suicide attempts. Another factor is the increase of crisis intervention infrastructure available to LGBTQ+ populations. This includes the introduction of the 988-crisis lifeline (complementing the existing TrevorLifeline, Trans Lifeline, etc.). Research supports these resources have reduced the incidence of suicide death (Purtle & Lindsey, 2025). Simultaneously, the COVID pandemic brought greater awareness of mental health among the general population and reduced stigma in seeking help.

Despite an overall reduction in suicide attempts, there remains an exception, transgender and non-binary youths. Recent studies have shown that sociopolitical stressors including an increase in anti-transgender laws and stigmatizing public discourse has had a causal impact on youth suicide attempts. In states that implemented bans or restrictions targeting transgender youth, suicide attempt rates among trans and nonbinary adolescents increased, with increases up to 72% in the number of youths attempting suicide following those laws (Lee et al., 2024). However, a detailed examination of national variations for transgender and non-binary youth could not be conducted in this analysis due to inconsistent reporting measures. While these findings demonstrate meaningful progress in reducing suicide attempt rates among LGBTQ+ youth overall, there is critical need for continued targeted interventions and research, particularly for transgender and non-binary populations who face heightened risks.

Discrimination due to SOGI

Experiences of discrimination based on sexual orientation or gender identity (SOGI) remained consistently high for LGBTQ+ youth and young adults throughout 2019–2024. The six-year data reveal that a majority of LGBTQ+ youth report encountering SOGI related discrimination each year, with prevalence never dropping below about 60%. In 2019, 71% of LGBTQ respondents indicated they had experienced discrimination, falling to 60% in 2020 and then jumped dramatically to 75% in 2021. Some of this fluctuation is explained by methodological differences: early surveys asked about lifetime exposure to discrimination, whereas from 2022 onward the question assessed past-year incidents. By 2022, with a shift to past-year reporting, the rate was still a very high 73%, with almost three in four LGBTQ+ youth being subjected to discrimination within that year (The Trevor Project, 2019-2024). The latest surveys in 2023 and 2024 showed SOGI discrimination at roughly 60% (past-year), still amounting to well over half of LGBTQ+ youth facing recent prejudice. Regardless of reporting measure, a sizeable majority of LGBTQ+ young people report being stigmatized or treated unfairly because of who they are.

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These persistently high rates of discrimination align with minority stress theory and echo findings from other research over decades. There are several factors relevant to the high reports of discrimination by LGBTQ+ youth and young adults. Historically, the LGBTQ+ population in general has faced prejudice and discrimination prejudice (Kite & Bryant-Lees, 2016). Prejudice and victimization remain commonplace in the lived experience of these populations contributing to high reports of discrimination, even in light of legislative protections. In many communities, LGBTQ+ youth continue to encounter harassment in schools, rejection by family, and bias in public. Recent nationwide surveys by the Human Rights Campaign have found that nearly 6 in 10 LGBTQ+ youth had been teased, bullied, or treated badly at school due to their sexual orientation or gender expression (HRC Foundation, 2023). The early 2020s saw an upsurge in anti-LGBTQ+ political rhetoric and laws which exacerbated discriminatory attitudes (Lee et al., 2024). This hostile climate has emboldened some individuals and groups to express prejudice more freely, increasing instances of discrimination that LGBTQ+ youth felt. It is perhaps no coincidence that 2021-2022 saw the highest reported discrimination rates (around 73–75%) at the height of the legislative backlash.

Discrimination due to SOGI is also a driving factor behind increased suicidal ideation and attempts (de Lange et al., 2022). This is also supported by CDC data that LGBTQ+ high school students who feel unsafe or unwelcome report significantly higher rates suicidal behavior than those who do not (Verlenden et al., 2024). This provides important context for the high suicidality rates discussed above: these youths are not inherently prone to worse mental health, but rather are exposed to more stressors than their heterosexual/cisgender peers. The significant dip in those reporting discrimination in 2023 and 2024 likely results from methodological changes rather than external factors. Across the survey's, 60% remained a common theme (occurring in 3 of the 6 years), suggesting persistent enduring discrimination. Even at ~60%, however, the level of reported discrimination is unacceptably high. Legal equality has not eliminated everyday bias and despite broad national support for LGBTQ+ rights, recent data suggests overall declines in support for these populations (Baptiste et al., 2025). Comprehensive strategies are needed to combat SOGI-based discrimination including educator training, strong anti-discrimination policies in schools and youth organizations, and community education. Over 2019–2024, discrimination against LGBTQ+ youth remained widespread and entrenched, coupled with recent declines in LGBTQ+ acceptance; discrimination is likely to increase without sustained intervention.

Physical threats and harm

Beyond simple discrimination, a significant portion of LGBTQ+ youth face direct physical threats and violence; this too has varied over the 2019–2024 period. The Trevor Project surveys asked respondents whether they had been threatened with or actually physically harmed due to their sexual orientation or gender identity. In 2019, 20% or 1 in 5 of LGBTQ+ youth reported experiencing this kind of victimization. In 2020, the prevalence jumped to 33%, a dramatic increase from the prior year with the following year seeing a steep drop: only 19% reported. However, 2022 witnessed another surge in anti-LGBTQ+ violence with more than 1 in 3 reporting physical violence, the highest in the six-year series. Post-2022, there was some improvement: the rate fell to 24% in 2023 and 23% in 2024 (The Trevor Project, 2019-2024). While lower than the 2020 and 2022 spikes, these later figures remain above the 2019 starting point. Overall, across the 2019–2024 period the data reveals volatile year-to-year shifts in reports of physical threats and harm. By 2024, nearly a quarter of LGBTQ youth still experienced recent physical threats or attacks related to their LGBTQ+ status, showing that safety from violence is far from guaranteed for this population.

These fluctuations in physical victimization reflect real-world events and environmental contexts. Several factors can help explain the sharp year-to-year swings including the COVID pandemic, divisive political climate, and an overall decrease in support for LGBTQ+ rights. The late 2010's saw an administration that rescinded nondiscrimination regulations protecting LGBTQ+ populations and created policies to oppose and reverse nondiscrimination protections for transgender people (Wang et al., 2018). Experts suggest this resulted in emboldened stigma and harassment in schools and communities (Huang & Cornell, 2019). This coincides with an increase in reported threats in 2019 and 2020. In contrast, the sharp drop in 2021 likely correlates with the COVID-19 restrictions through most of 2020. During that period, many schools operated remotely, and public life was limited, reducing physical exposure. The data then show a rebound in 2022 to the highest level of violence coinciding with the return to in-person schooling and activities in late 2021 and 2022. 2021 and 2022 were also marked by contentious school board meetings about LGBTQ+ inclusive curricula, publicized incidents of harassment, increased anti-LGBTQ+ legislation, and a general climate in which some felt emboldened to act on anti-LGBTQ+ sentiment. This interpretation is supported by national trends: FBI data document an uptick in reported hate crimes in 2021-2022, especially against LGBTQ+ individuals (Barr, 2022). These statistics corroborate LGBTQ+ youth reports of increased physical intimidation and identity-based assaults during this period. The decline in reported violence in 2023 and 2024 suggest more stabilized level, closer to pre-pandemic times but remaining elevated.

It is worth noting that one of the largest contributing factors to this data is school environments, a major setting for youth victimization. Surveys consistently find that LGBTQ+ students face disproportionately high rates of bullying, harassment,

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Integrated Journal for Research in Arts and Humanities
ISSN (Online): 2583-1712
Volume-5 Issue-3 || May 2025 || PP. 304-314 https://doi.org/10.55544/ijrah.5.3.37

and assault at school. For example, the CDC's Youth Risk Behavior Survey data show LGBTQ+ students experience more violence (almost double) at school than their heterosexual or cisgender peers (CDC, 2024). GLSEN's 2021 National School Climate Survey similarly reported that over 80% of LGBTQ+ students felt unsafe or targeted at school, and over 30% had been physically harassed or assaulted due to their orientation or gender expression (GLSEN, 2022). These independent findings help validate the patterns in The Trevor Project's data. The fluctuations we see likely reflect how external conditions (i.e., pandemic constraints, sociopolitical climate) modulate the expression of bias rather than any fundamental change in underlying bias itself. Anti-LGBTQ+ sentiment didn't disappear in 2021, but if schools were closed during COVID, it had less opportunity to translate into physical bullying. When schools reopened amid a wave of politicized anti-LGBTQ sentiment, victimization spiked, eventually levelling off in 2023 and 2024. However, this rate is unacceptably high, and almost double that of their non-LGBTQ+ peers. From a prevention and policy standpoint, ongoing protective measures in schools and communities is needed to reduce incidents of violence. Research shows that "safe and supportive school" initiatives can reduce violence against marginalized students and without these initiatives, victimization increases (Phelps et al., 2024).

Conversion therapy exposure and threats

The proportion of LGBTQ+ youth who were threatened or subjected to conversion therapy showed a striking spike during the early pandemic years, followed by a return to baseline levels. Conversion therapy, the attempt to change an individual's sexual orientation or gender identity through interventions is widely discredited and condemned by experts for its harm (Smith et al., 2004). In 2019, about 5% of LGBTQ youth reported having ever been exposed to or threatened with conversion therapy. Alarmingly, this figure doubled to 10% in 2020, and further rose to a peak of 13% in 2021. This means at the height of the COVID-19 pandemic, roughly 1 in 8 LGBTQ+ youth were threatened or subject to conversion therapy, more than twice compared to two years prior. By 2022, however, the reported rate fell sharply to 6%, and in both 2023 and 2024 it stabilized back at 5%, identical to the 2019 baseline (The Trevor Project, 2019-2024). These trends suggest that the surge in conversion therapy exposure was a short-lived phenomenon during 2020–2021 with prevalence returning to earlier levels thereafter. The temporary jump is nonetheless concerning, since even at 5% levels, a substantial number of LGBTQ+ youth still face this practice, despite near-universal professional consensus that conversion therapy is harmful and ineffective.

While solid research data lacks for this area, there are several plausible explanations for an increase in conversion therapy exposure. One contributing factor may be the pandemic's impact on family dynamics as many LGBTQ+ youth were spending more time at home. Research suggests during the pandemic that LGBTQ+ youth in unsupportive homes were especially vulnerable to abuse and felt cut off from affirming resources, which coincides with family attempts to seek conversion interventions (Ormiston & Williams, 2021). Another factor is the increase of telehealth and remote services which also included online conversion therapy and virtual prayer services. Just as telehealth broadened access to mental health care, the expansion of virtual platforms has facilitated access to conversion therapy across geographic borders and legal barriers. This coincides with the highest reported levels in 2021. Following the pandemic, rates fell over time to the 2019 base of 5%. During this period there was a substantial legislative push to ban conversion therapy across the United States with 23 states and the District of Colombia banning this type of therapy for minors (Movement Advancement Project, 2025). Despite the improvement, the fact that 5% of LGBTQ+ youth each year are still subjected to conversion attempts remains deeply troubling.

Conversion therapy exposure is also a driving factor behind increased suicidal ideation and attempts. Empirical research has unequivocally shown that conversion practices are psychologically damaging. LGBTQ+ individuals who undergo conversion therapy face significantly elevated rates of depression, anxiety, and suicidal ideation or attempts (Tran et al., 2024). Every major medical and mental health organization (APA, AMA, etc.) has condemned conversion therapy as both unethical and ineffective. Yet, as recent investigations reveal, it is far from a relic: there are still hundreds of active practitioners in the U.S., and thousands of youth subjected to conversion therapy. From a public health perspective, these findings show the urgent need for continued action to eradicate conversion therapy. The downward trend is promising, but ongoing efforts are needed to protect LGBTQ+ youth from harm, ultimately helping to reduce suicide rates and improve mental health outcomes.

Limitations

There are several study limitations to consider. First, these data points come from six Trevor Project's national surveys (TPNS) on LGBTQ youth mental health, which used cross-sectional online convenience samples recruited primarily through social-media advertisements. Because participants self-selected into the survey and no probability weights were applied, the samples may not be nationally representative; youth with limited internet access, those who are not "out," or who live in unsupportive households may be under-represented. Since only targeted social media sampling was used, algorithm-driven self-selection bias can cause the samples to over-represent youth already comfortable engaging with LGBTQ+ content. Research also suggests that resulting samples from social media skew toward White, higher-income participants with greater baseline

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distress, even when ads are explicitly stratified by race/ethnicity and region. Another concern is underrepresentation of rural demographics due to platform delivery optimization for low cost-per-click which favors densely populated urban areas (Benedict et al., 2019). Consequently, observed year-to-year changes could reflect shifts in who answered the survey rather than true population-level trends. In addition, the surveys did not follow the same individuals over time, so causal inferences about the impact of events such as COVID-19 or anti-LGBTQ+ legislation cannot be drawn.

The research is also constrained by two temporal factors: inconsistent survey administration periods across years and the pandemic's presence during the initial data collection phase, which may influence the interpretation of longitudinal patterns. For instance, while the 2019 TPNS spanned nearly eight months (February-September 2018), subsequent surveys standardized to fall/winter collection periods, with the 2020 survey bridging the pre-pandemic and early pandemic timeframe (December 2019-March 2020), and the 2021-2024 surveys establishing a more consistent September-December collection window. Key items also evolved across waves with discrimination being reported as lifetime exposure in 2019–2020, offered both lifetime and past-year formats in 2021, and limited to past-year in 2022–2024, complicating direct trend comparisons. The variations create potential seasonal influences variations that should be considered when interpreting year-over-year trends. The 2020 and 2021 data points should be interpreted with some caution, as more years of data are needed to assess whether 2020 genuinely was a turning point and to understand how long we'll continue to see ripple effects from the pandemic. Together, these factors warrant cautious interpretation of absolute prevalence estimates and highlight the need for consistent methodologically diverse approaches and more longitudinal data.

Progress toward equitable mental-health outcomes for LGBTQ+ youth and young adults will require sustained, data-driven investment. The trends documented in this report can guide agencies and community partners as they set funding priorities and design interventions. The Substance Abuse and Mental Health Services Administration's Garrett Lee Smith and Minority Fellowship programs provides resources to schools, tribes, and training institutions to expand suicide-prevention infrastructure and grow a culturally competent behavioral-health workforce consistent with LGBTQ+ and minority needs. The 988 Suicide & Crisis Lifeline now includes a dedicated LGBTQ+ sub-network that offers text, chat, and voice support staffed by specially trained counselors, while HRSA's Behavioral Health Workforce Education and Training (BHWET) grants bolster pipelines of social workers, psychologists, and peer specialists prepared to deliver gender-affirming care and LGBTQ+ mental health treatment in underserved areas. At the systems level, the U.S. Department of Education's Project Prevent and Safe & Supportive Schools grants help districts implement evidence-based anti-bullying policies and trauma-informed practices that protect LGBTQ+ students from discrimination and violence. Leveraging the insights in this study to align and scale such programs, especially in rural and high-risk regions, creates progress toward reducing suicidal behavior, mitigating victimization, and fostering resilience among LGBTQ+ youth and young adults.

V. CONCLUSION

Study findings point to multiple areas of concern, including disparities that pre-dated the pandemic and new challenges that surged during 2020-2022, including heightened discrimination, physical violence, and continuing exposure to conversion efforts. However, data points remain limited and comparative longitudinal data on LGBTQ+ youth and young adults is sorely lacking. Additional data points and further analyses are needed to clarify trends within subgroups, particularly transgender and nonbinary youth, youth of color, and those in rural communities, to provide targeted interventions. In order to track trends and address disparities, data collection needs to be consistent across years in both measures and time periods, allowing comparison of common metrics and building a more complete picture of challenges facing LGBTQ+ youth and young adults. Overall, these results add to growing evidence that the dual pressures of COVID-19 disruptions and intensifying anti-LGBTQ+ legislation have compounded mental-health risks and created long-term ripping effects, highlighting the urgent need to expand timely, identity-affirming services, strengthen inclusive school climates, and equip families and communities to support LGBTQ+ youth well-being.

ACKNOWLEDGEMENT

This research was made possible through the data collected by the Trevor Project. Their contributions have been instrumental in the success of this study.

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